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IT and Nordic Healthcare

Ahead of the Pack

Nordic countries rank high in terms of ehealth readiness indicators, as well as healthcare and IT/Internet infrastructure. Indeed, the World Economic Forum's Network Readiness Index 2008/2009 remains dominated by the Nordic countries, with Denmark and Sweden continuing in the first and second slots (the same position as in 2007), Finland slightly down to sixth (from fourth in 2007) and Norway up to eighth (from tenth in 2007). The Index is based on a combination of factors: ICT penetration and usage, e-government and e-business environments as well as government vision, education, R&D and a talent for pioneering high-technology applications.

In other words, the Nordic countries have the highest quality infrastructure in place for effective e-health. They also have the political will – from the point of view of the demands of an aging society, the need for individualisation and customisation of healthcare delivery as well as requirements for increasing healthcare efficiency.

High R&D Spend

Buttressing the above is the high R&D spend in the Nordic region. Unlike their EU-12 peer group, which spend 1.9% of gross domestic product on R&D, the figures are 2.6% for Denmark, 3.5% for Finland and 3.7%.

Only Norway (a non-EU member) ranks below the EU-12 average, with 1.6%. This can be explained by the relatively high GDP due to its oil and gas revenues.

Indeed, in Euros per person, Norwegian R&D spending is higher than the EU-12.

While all Nordic countries make clear their commitment to deliver on the key e-health enabling Electronic Health Record, there are, however, some differences in approaches and speed.

Denmark

Denmark is one of the few countries to have an explicit policy on healthcare IT, in terms of a 'National IT Strategy of the healthcare system 2003-2007' from the Ministry of the Interior and Health (as the Ministry was previously known). This provides a framework for choices and priorities on healthcare IT, in terms of general technology and public policy.

In April 2009, at the World Health Care Congress in Washington, Arne Kverneland, head of the health informatics department within Denmark's National Board of Health, drew parallels between his country's e-health approach with the Obama administration priorities, citing the shared goal of increasing quality of care and decrease healthcare costs by computerising health records. As approving observers noted, Denmark's health spending as a share of gross domestic product is about half that of the United States but the country is far ahead in the area of ehealth, with more than 90 percent of general practitioners using computerised records. Denmark, it was also reported at the Congress, is also taking a lead in developing the content and structure for an international EHR standard.

Finland

On its part, Finland has a traditionally strong interest in the mobility aspects of e-health – an understandable factor given that it is home to mobile telephony giant Nokia. Finland also places considerable priority on bioinformatics, and is among the first EU Member States to have a specific IT policy for addressing the needs of the elderly.

More recently, the Finnish government announced in March 2009 that it was on track to build a national electronic health record repository, one of Europe's most ambitious EHR initiatives to date, which physicians will be legally required to start using from 2011. Included in the project is a national e-prescription service and a patient-viewable record called eView. Technically, in spite of a near-100% rollout of EHRs, a localised approach which builds on existing systems bottom up has resulted in challenges to interoperability. To address this, a new national eArchive is under development. This will build on top of existing local systems, rather than replace them. The eArchive, which will provide a longitudinal

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record of patient treatment details, will contain all coded patient data held in local EHRs, together with a log of data exchanges and authorisations for access. Access will initially be limited to physicians directly involved in patients' care.

Norway

Norway has long been identified as a telemedicine pioneer, largely due to its scattered population clusters. The country has operational telemedicine solutions in place at a variety of medical disciplines and facilities. Norway also has assigned official/State-supported R&D institutions with a mandate to investigate healthcare IT and e-health, grouped under the cross- Ministry Norwegian Centre for Informatics in Health and Social Care. The Centre operates the Volven database which contains coding, classifications, terminologies and definitions for a coherent ehealth infrastructure.

Another interesting initiative in Norway – especially given its status as a non-EU Member – is IKTHELSE (ICT in Medicine and Health Care). This programme which ran from 2001-2005 sought to map current and future healthcare ICT technologies and needs, and to develop Norwegian competencies, some of which have since become eligible for government financial support through a programme called VERDIKT.

Sweden

In Sweden, June 2009 saw successful deployment of the first stage of the Swedish National Patient Summary Project (NPO). The Örebro County Council and the Municipality of Örebro healthcare region in central Sweden have connected to the NPO in the first stage of a project to create a Swedish national health record.

The NPO solution, which is being extended to more than 500 doctors, nurses and occupational therapists, will make real-time patient information available on a national level to county councils, local authorities and private healthcare providers. It will eventually be scaled up to a national level.

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